

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
NNA and DMC COST REPORT

FY 2000-01 FISCAL DATA ENTRY DISKETTE

USER INSTRUCTIONS

September 2001

INSTALLATION OF 00-01 NNA-DMC COST REPORT DISKETTE

Note: If you have uninstalled Paradox Version 9 Runtime CD, you must reinstall it before reading the diskette. If you no longer have the installation CD for Paradox Version 9 Runtime, contact your assigned Fiscal Management and Accountability (FMAB) analyst.

- Insert the 00-01 NNA-DMC Cost Report V.0 diskette in the floppy disk drive.
- Click the Start button on the Windows taskbar and click run, then type: A:\Setupex.exe, in the open box. Click on the "OK" button.

* A:\ in this case represents the floppy disk drive.
- This will install the 00-01 NNA-DMC Cost Report V.0. "Do you wish to continue?" displays. Click on "yes".
- "Please wait while InstallShield extracts the files ... " displays. When the Welcome Screen displays, click on "Next".
- The User Info Screen appears asking for the user name and company. Fill in the information and click "Next".
- Click on "Next" to accept the default Destination Folder.
- Click on "Next" to accept the default Program Folder. Although the Program Folder states "2000-01 Budget V2", it is the "Cost Report V0".
- Click on "Next" to start copying files. When this is complete you may get started. When you are finished, the icon indicates "2000-2001 Cost V2" but it is "2000-2001 Cost V0".

Remove the diskette from the drive, and **PLEASE KEEP THIS DISKETTE IN A SAFE PLACE.**

FISCAL DATA ENTRY SCREEN INFORMATION



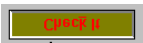
Click on right arrow button to move to next provider in the table. Click on left arrow button to move to previous provider.



Click on up arrow to move to next service code in the table. Click on down arrow to move to previous service code.



Click on up arrow to move up in Fiscal Amount entries. Click on down arrow to move down in Fiscal Amount entries.



When you finish all fiscal entries for one service code and program, click "Check It" to complete provider edits.

To enter a provider, move to the provider code field and press INSERT key.

To enter a service code, move to the service code field and press INSERT key.

To change a Unit of Service or Fiscal Amount fields, use backspace key

To delete Fiscal Amount lines, move to the line # field, then press CTRL + DELETE keys.

To delete service or program codes, delete Fiscal Amount lines first, move to the service or program field, press CTRL + DELETE keys.

If you cannot move out of a field, press CTRL + DELETE.

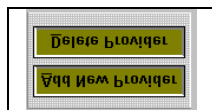
Lookup help is available for provider code, service code, program code, and line # fields move to the field and press CTRL + space bar simultaneously.

ENTER NEW PROVIDER SCREEN INFORMATION

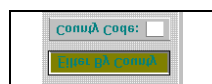
When this screen presents, it shows the first provider in the Master Provider File (MPF) for the county. By entering the county code in the "County Code" field directly under the "Filter By County" button and clicking on the "Filter by County" button, providers in the MPF in other counties may be displayed. Review the MPF to ensure that you do not attempt to add a provider that already exists within the MPF.



Use the left and right arrow keys to scroll through the listing of existing providers within the chosen county. The providers are listed by the county in which the facility is physically located.



These buttons are only necessary to 1) add a provider that is not found in the MPF; or 2) to delete a provider that is not found in the MPF (e.g., you add a provider in error).



Enter the county code in the "County Code" field and click on the "Filter By County" button to view MPF entries for other counties.



Use the up and down arrows to scroll through the instructions for the use of this screen.

Total Alcohol and Drug Screen

This screen is to report SAPT - Total Alcohol and Total Drug by FFY (County Level).

Click on Data Entry then click on Total Alcohol and Drug. Select the % of SAPT expended in Alcohol, the computer will calculate the % of SAPT expended in Drug (when you click the other record).

SAPT-2001 funds budgeted in Program Code 80, Service Code 08 are not included in the Total SAPT on this screen.

USE OF NNA and DMC COST REPORT DATA ENTRY PROGRAM

I. Getting Started:

When the Cost Report program is selected, the main selection screen displays the county name and four choices in the Menu bar section: "File", "Data Entry", "Reports", and "Help". Your county's diskette contained the most recent version of your FY 2000-01 NNA-DMC Budget V.2 data as it appears on the Department's data base.

II. File:

This selection contains Data to ADP Diskette – county only. This selection will copy the added files to the diskette, not the installation diskette transmitted with this package, which is to be returned to the Department.

Exit is now under this selection. Do not turn off the computer without exiting the program as your work could be damaged.

III. Data Entry:

This screen selection is divided into three areas:

- Enter Fiscal Data
- Enter New Provider
- Enter Total Alcohol and Drug

NOTE: Enter the Driving Under the Influence (DUI) Administration and Monitoring fees retained by the county separately using the Support Services service element rather than the DUI service element. This is due to the removal of line 89a, which separately accounted for these fees within the DUI service element.

A. General Information and Instructions:

1. **Look-up Tables**

Use these tables when in a data entry screen. These screens appear throughout the program to assist you in the Fiscal Data Entry, Provider Code lookup, and Add Provider screens. To access the lookup tables, click on that field to highlight and press CTRL and the space bar simultaneously.

The lookup tables are in following areas:

Provider Code (Fiscal Data Entry Screen):

This diskette contains information from the Master Provider File (MPF), a subset of the California Alcohol and Drug Data System (CADDs). When accessed, this lookup table displays all providers and provider numbers for the selected county. To find a provider located in another county, simply change the county code and click on the "Filter by County Code" button. You cannot change provider data such as the name or address. Should you find the information on a provider to be incorrect, please contact your assigned Contracts Management Branch analyst.

Service Code (Fiscal Data Entry Screen):

All service codes are maintained with the title of that code. Select the proper code and the title will list out automatically.

Program Code (Fiscal Data Entry Screen):

Entries for fiscal data are divided into eight program areas: Alcohol and Drug, Perinatal, Parolee, Mentor, CalWORKs, Adolescent, Drug Courts, and Drug Medi-Cal (DMC). This is to ensure the separate accounting of funds and units of service for these eight areas. The counties have historically separated fiscal entries within the same provider number, service code, and program code. Except for the sub-programs of DMC Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and Minor Consent, this separate of fiscal entries is allowed for all four program areas on this diskette by use of the program code selection of "Other". If "Other" is chosen, you must also enter a description of the program.

All entries of "Other", with the exception of the Fiscal Detail reports, will be added together in all reports based on the program description to which the code number corresponds. These entries will be maintained as separate records within the

database.

The Program Codes for FY 2000-01 are as follows:

- 1 = NNA Alcohol/Drug
- 2 = NNA Parolee
- 3 = NNA Perinatal
- 4 = NNA Alcohol/Drug - Other
- 5 = NNA Alcohol/Drug - Other
- 6 = NNA Alcohol/Drug - Other
- 7 = NNA Alcohol/Drug - Other
- 8 = NNA Parolee - Other
- 9 = NNA Parolee - Other
- 10 = NNA Perinatal - Other
- 11 = NNA Perinatal - Other
- 12 = NNA Mentor (In Need of Treatment)
- 13 = NNA Mentor (Not In Need of Treatment)
- 14 = NNA/DSS CalWORKs
- 15 = NNA/DSS CalWORKs - Other
- 16 = NNA/Drug Court - Alcohol/Drug
- 17 = NNA/Drug Court - Perinatal
- 18 = NNA/Drug Court Partnership – Alcohol/Drug
- 19 = NNA/Drug Court Partnership – Perinatal
- 20 = NNA Adolescent Treatment
- 80 = Unexpended Federal Funds
- 90 = DMC EPSDT
- 91 = DMC EPSDT (Perinatal)
- 92 = DMC Minor Consent
- 93 = DMC Minor Consent (Perinatal)
- 94 = DMC Private Pay
- 95 = DMC Perinatal
- 96 = DMC Perinatal - Other
- 97 = DMC Alcohol/Drug
- 98 = DMC Alcohol/Drug - Other
- 99 = DMC Alcohol/Drug – Other

Line Number (Fiscal Data Entry Screen):

To ensure the entry of valid fund sources for service codes and program codes, a table of line numbers (fund sources) was created for each service code within each program type. Only those line numbers valid for your selection of service code and program code will appear in this lookup table.

County Code (Provider Code lookup screen and Add New Provider screens):

All counties and their county number appear in this table.

2. Function Keys:

Three function keys are also used:

- F3 moves the cursor backward from Amount to Unit of Service to Provider Code;
- F4 moves the cursor forward from Provider Code to Service Code to Line Number; and,
- F9 enter and exit from Edit mode.

B. Enter Fiscal Data

NOTE: The FY 2000-01 NNA and DMC provider and budget (V.2) information is downloaded on the diskette.

Upon selecting "Enter Fiscal Data" from the main menu, the provider code field will contain the first provider and service code within the table for that county. To view entries of other providers, click on the left or right arrow buttons positioned to the right of the Provider Code field. To view other service or program codes for the same provider, click on the up and down arrow buttons to the right of the Service Code line. If you cannot move out of a field, try pressing CTRL + DELETE at the same time to delete the record. **Enter funding without**

dollar signs or commas. The program will enter them upon pressing the "ENTER" or cursor keys.

Always press the INSERT key first to add a new provider or service code. After entering data for a provider, service code, and Line Number, you can check for certain provider level edits by clicking on the "Check It" button. If there are no errors, "PASS" will be displayed at the bottom left side of the screen. Any error messages are displayed in a box in the middle of the screen.

When you have completed all fiscal entries, click on the "Close" button in the upper right corner of the screen. This will return you to the main screen.

1. Additional Service or Program Code - Same Provider

If additional data for the same provider but a different service code is to be entered, highlight the service code field and then press the "INSERT" key. A blank screen will display a message at the bottom stating that the record is locked for changes. You may then enter the new service code and remaining information.

If you do not know the service code or program code, use the Lookup table(s) by highlighting the necessary field and pressing CTRL and the space bar at the same time.

2. Additional Provider Data

If additional data for a different provider is to be entered, highlight the provider code field and then press the "INSERT" key. A blank screen will display a message at the bottom stating that the record is locked for changes. You may then enter the provider code and the remaining information. If you do not know the provider code, use the lookup table (CTRL + space bar) to locate the provider (in any county) for which you wish to enter data.

3. Deletion/Correction

Once the service code and units are entered for a provider, you cannot go back and change the service code or program code without deleting the record first, starting with all funding. Once funds have been entered for a specific Line Number, you may not change the Line Number without deleting the funding first.

- a. To delete a Line Number record, move to the Line Number field and hold down the CTRL key and then press the DELETE key simultaneously.
- b. To delete a Service Unit record, delete all Line Number records first then move to either Service Code or Program Code and hold down the CTRL key and then press the DELETE key simultaneously.
- c. To delete a Provider record, delete all Line Numbers and Service Codes first, then move to the Provider Code field and press CTRL and DELETE keys at the same time.
- d. To simply correct an error in a field, use the BACKSPACE or DELETE key. You may change the dollar amounts and the service units via this method. Please do not zero out the dollar amount. Instead, delete the record for the Line Number.
- e. To move funds from one provider to another, delete the entire record for the incorrect provider and reenter the information for the correct provider.

For the combined NNA and DMC Cost Report V.0, the DMC units of service must be entered as follows:

1. Outpatient Drug Free (ODF) - Group:

Providers that receive **only NNA funding** are required to report staff hours as the unit of service; however, they have the option of reporting the total number of group sessions and the number of individuals in those group sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours (NNA)
- total number of group sessions (NNA and DMC)
- total number of individuals in those group sessions (NNA)
- total number per person (DMC)

2. Outpatient Drug Free (ODF) - Individual:

Providers that receive **only NNA funding** are required to report staff hours as the unit of service; however, they have the option of reporting the total number of individual sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours
- total number of individual sessions

3. For Day Care Habilitative (DCH), providers **are required to report visits days.**

4. Residential (RES):

- a. For NNA Program Codes, providers **are required to report (available) bed days.**

- b. For DMC Program Codes, providers **are required to report number of days.**

5. Narcotic Treatment Program (NTP)

- a. For both NNA and DMC, providers are required to report the number of Licensed capacity as the main unit.
- b. For both NNA and DMC, providers are also required to report the following:
 - **total methadone doses**
 - **total methadone milligrams dispensed**
 - **total LAAM doses**
 - **total LAAM milligrams dispensed**
 - **total 10-minute group counseling sessions**
 - **total 10-minute individual counseling sessions**

6. Naltrexone (NAL):

- a. For NNA Program Codes, providers **are required to report slot days.**
- b. For DMC Program Codes, providers **are required to report visits.**

C. **Add New Provider**

To add a new provider that is not in the MPF, use the "Enter New Provider" selection. If the provider you are adding is located in another county, use the provider number for the location where services are provided. Providers are listed by number in the county where the facility is physically located and not within all counties with which the provider may have a contract.

To locate a provider in another county, highlight (by clicking) the county code field in the Provider Look-up screen in the lower right under the "Filter by County" button, enter the appropriate county code, and click on the "Filter by County" button. You can then scroll through the providers in that county with the left and right pointing arrows until you locate the provider. If

you do not know the county code, CTRL + space bar will provide the county code lookup table. Locate the county in the listing, and press the ENTER key or click on "OK" to place the county code in the field. Then click on the "Filter by County" button to receive the listing of providers for that county.

If you enter an existing provider number as a new provider, all information from the MPF will be presented on the screen. You may not change information on an existing provider. If the information within the MPF is incorrect, please contact the Department to correct the file. Do not enter a new provider record to correct information for that provider.

Information regarding new providers may be edited. Please use a temporary number starting with the letter "T" followed by your 2 digit county code and a 3 digit provider number. Follow Departmental protocol for establishing new providers.

IV. **Reports:**

The selection allows you to print the following reports:

1. Fiscal Detail Report by Modality

(sorted by Modality, Provider Number, Service Code, Program Code)

The Fiscal Detail selection provides a screen listing of the modalities to be printed. The screen default is for all reports to be printed. If a modality report is not requested, click on that field to remove the check mark. You may also request to view the report on the screen. To page through multiple entries, use the page selection in the menu bar. If a request for printing is not made, the program will return to the main selection screen. To exit, click on the "minus" sign in the upper left corner of the screen.

2. Prevention/Treatment Summary Report

Select the Prevention/Treatment Summary Report to print the various summary reports.

3. Gross Dedicated Capacity Report for NNA

This report will sum all funds and units of service by modality. If your county provides Daycare Habilitative services within Nonresidential modality, this report will show the Outpatient Drug Free hours separately from the Daycare Habilitative days.

4. Net Dedicated Capacity Report for NNA

This report will sum all funds and units of service by modality that is funded with ADP funds. This includes County required matching funds and Statham funds when used for match.

5. County Allocation Report

The County Allocation Report is a listing of the allocated amounts for that county by fund source and line number. In those cases where more than one fund source is combined for a line number, the total of the sources, and not the individual amounts, appears.

6. Error Message Report

After all fiscal information has been entered, run this report. The Error Message Report lists the edits which pertain to the fiscal entries. These edits check various rules such as the budgeted amount not exceeding the allocation, the 20 percent Prevention Set-Aside, etc.

V. Help:

This document also resides within the Help section and operates the same from anywhere it is accessed within the program. It presents a main selection screen showing basic help instructions and specific selections for entering budget data and how to add a new provider.